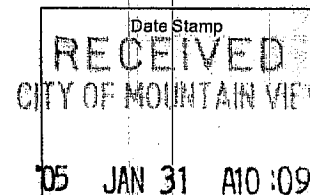


Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT



CALIFORNIA FORM 501

For Official Use Only

Check One: ☒ Initial

☐ Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Abe-Koga, Margaret C.

DAYTIME TELEPHONE NUMBER

()

FAX NUMBER (optional)

()

OFFICE OF CITY CLERK

E-MAIL (optional)

margaret@votemak.org

STREET ADDRESS

CITY

STATE

ZIP CODE

Mountain View

CA

94041

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN

Member

Mountain View City Council

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: City of Mountain View

(Name of Jurisdiction)

2006

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

(Year of Election) Primary/general election

(Year of Election) Special/runoff election

(Check one box)

☐ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

1/30/2005

(month, day, year)

Signature

(Candidate)

FPPC Form 501 (Jan/03)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772